

Kalahari Research Trust

Kuruman River Reserve
P.O. Box 64, Van Zylsrus 8467
Northern Cape, South Africa

Reserve Manager:
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Branch code: 632005 Swift code: ABSAZAJJ

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency. Please be sure to sign and date this form.

Personal Contact Information:

First Name(s):	Last Name	
Phone Number (Home)	Cellphone	Email Address:
Passport Number	Date of Expiry	
Home Address:	Street:	Postal Code
	City	Country

Primary Emergency Contact

First Name(s):	Last Name	
Relationship:	Phone Number (Home)	Cellphone

Secondary Emergency Contact

First Name(s):	Last Name	
Relationship:	Phone Number (Home)	Cellphone

Insurance Information

Company:	Policy Number	Phone Number:
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Medical Information

Known Allergies:	Blood Type:	Comments: Please include any special medical or personal information that would be viable for a medical emergency care provider to know.
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Signature:	Date:
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NAME:



PERSONAL VACCINATION RECORD

Please confirm if you have the following vaccinations. **Rabies vaccination is essential for all persons working at the Kalahari Research Centre** and handling animals or with the potential of encountering carrier species. The other listed vaccines are usually recommended by health care professionals for travel to South Africa, but please follow your own doctor's advice. We also strongly advise ensuring you have a Tetanus vaccination history. Please add any other relevant vaccinations you have had. This will assist our records should you become unwell. If you need to finish a course of vaccinations while on-site, please discuss with Walter Jubber (reserve manager) before arrival.

VACCINE	DOSE (day of most recent course, initial vaccine, or booster)	DATE OF VACCINATION
Rabies		
Tetanus, Diphtheria and Pertussis		
Hepatitis A		
Hepatitis B		
Typhoid		
Measles, mumps and rubella		